

South Dakota Arts Council

800 Governors Drive
Pierre, SD 57501-2294
(605) 773-3131 or in-state toll free-1-800-423-6665
E-mail: sdac@state.sd.us
Website: www.sdarts.org

South Dakota Arts Council Grant Evaluation Form

Grant Recipient (Please type in box)		Taxpayer Identification Number (TIN)	
Address		City/ State	Zip
County			
Telephone Number		E-mail Address	
Contact Person		Daytime Phone	Evening/Message Phone
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Type of Grant: (Check only one box.)</p><div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Artist Grant <input type="checkbox"/> Artist Collaboration Grant <input type="checkbox"/> Arts Challenge Grant <input type="checkbox"/> Excursion Fund <input type="checkbox"/> Importation of Musicians <input type="checkbox"/> Native American Youth Music Residency</div><div style="width: 50%;"><input type="checkbox"/> Performing Arts Bank <input type="checkbox"/> Professional Development <input type="checkbox"/> Project Grant <input type="checkbox"/> Statewide Services Grant <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Traditional Arts Apprenticeship</div></div></div></div>			
Project Period: Start Date: _____ End Date: _____ Project Event Dates: _____ SDAC Grant Award: _____ Number of Events: _____ Number of Individuals Benefiting _____ Number of children & youth benefiting: _____ Number of Artists benefiting: _____		Evaluate the Project using this scale: 1= Poor; 2= Fair; 3 = Satisfactory; 4 = Good; 5 = Excellent <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div>	
Project Summary:			

Agreement: I certify that the information on both pages of this form is true and correct and that all expenditures were incurred for the purpose of the SDAC Grant. I agree that our records of income and expense will be kept on file for a minimum of 3 years in suitable form to facilitate auditing.

Authorizing Official (Signature and Title)		Date
Address		City/State/Zip
Updated 8/2004		Telephone

FINANCIAL BUDGET

Please round all numbers to the nearest dollar.

EXPENSES	CASH EXPENSES	IN-KIND CONTRIBUTIONS
A. Personnel		
Administrative (# of positions)		
Artistic (# of positions)		
Outside Artistic Fees & Services		
Other Outside Fees & Services		
B. Space Rental		
C. Travel (Mileage, Lodging, Meals)		
D. Marketing		
E. Remaining Operating Expenses		

F. Total Cash Expenses		
G. Total In-Kind Contributions		
H. Total Expenses		

INCOME SOURCE	INCOME \$
I. Admissions	
J. Revenue from Contracted Services	
K. Other Revenue (Please Specify)	

L. Cash Support	
Corporate _____	
Foundation _____	
Other Private _____	
M. Government Support	
City/County _____	
Regional/State _____	
Federal _____	
Other SDAC Grants* _____	
*(Do Not include Line P amount in this number)	
N. Applicant Cash (See Glossary)	
O. Total Cash Income	
P. Total SDAC Grant Amount for <u>this</u> Activity (Including the final 10 %)	
Q. Total Cash Income	
R. Total In-Kind Contributions (Same as Line G)	
S. Total All Income	